UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.usplo.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/753,062	12/28/2000	Paul E. McKenney	BEA9-2000-0013-US1	9320	
30011 LIFRFRMAN	7590 01/18/2008 & BRANDSDORFER, LLG	EXAMINER			
802 STILL CREEK LANE			HUYNH, KIM T		
GAITHERSBURG, MD 20878			ART UNIT	PAPER NUMBER	
			2111		
•					
			MAIL DATE	DELIVERY MODE	
			01/18/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



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APPLICATION NO./ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.
00753062	12/28/00	MCKENNEV ET AL	DEA0 2000 0013-US1

09753062 12/28/00

LIEBERMAN & BRANDSDORFER, LLC **802 STILL CREEK LANE** GAITHERSBURG, MD 20878

**EXAMINER** Kim T.. Huynh **ART UNIT PAPER** 

20080109

DATE MAILED:

2111

Please find below and/or attached an Office communication concerning this application or proceeding.

**Commissioner for Patents** 

In response to BPAI- Decision on 9/27/07.

The Board of Patent Appeals and Interferences affirmed the rejection(s) against independent claim(s) (1,13, 22) and dependent claims (2-10, 14-19, 23-29), but reversed all rejections against claim(s) 11-12, 20-21, 30-31 dependent thereon. There are no allowed claims in the application. Independent claim(s) (1,13,22) and dependent claim(s) (2-10,14-19,23-29) is/are cancelled by the examiner in accordance with MPEP § 1214.06. Applicant is given a ONE MONTH TIME PERIOD from the mailing date of this letter in which to present the dependent claim(s) in independent form to avoid ABANDONMENT of the application. NO EXTENSIONS OF TIME UNDER 37 CFR 1.136(a) WILL BE GRANTED. Prosecution is otherwise closed.

Kim Huynh Patent Examiner AU 2111

Jan. 9, 2008

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Kim Huynh Patent Examiner AU 2111

Jan. 9, 2008

and dependent claims (#\$)

Faul Rym

PRIMARY EXAMINER